STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY MANUFACTURED HOUSING DIVISION

1535 Old Hot Springs Rd, Suite 60 Carson City, NV 89706 (775) 687-2060 • Fax (775) 687-5521

AFFIDAVIT OF ENTITLEMENT

To be used for death occurring after 10/1/2001

Before the undersi	gned Notary Public came	Affiant,					
who, after being duly sworn, states and deposes as follows:							
That on the	day of						
Name of Deceder							
died in							
(City		(State)					
leaving no real pro	operty or interest therein,	nor lien thereon, situated in the State of Nevada.					
amounts due to the	e decedent for services in and that the property does	property, situated in the State of Nevada, except the Armed Forces of the United States, does not not include any real property nor interest therein					
That no petition for granted in any juri	• • • • • • • • • • • • • • • • • • • •	rsonal representative is pending or has been					

That all debts of the decedent, including funeral and burial expenses and money owed to the Department of Human Resources as a result of the payment of benefits for Medicaid have been paid or provided for.

That the Affiant has given written notice, by personal service or by certified mail, identifying the Affiant's claim and describing the property claimed, to every person whose right to succeed to the decedent's property is equal or superior to that of the Affiant and that at least 14 days have elapsed since the notice was served or mailed.

That the Affiant is personally entitled, or the Department of Human Resources is entitled, to full payment or delivery of the property claimed or is entitled to payment or delivery on behalf of and with the written authority of all other successors who have an interest in the property.

THE AFFIANT ACKNOWLEDGES AN UNDERSTANDING THAT FILING A FALSE AFFIDAVIT CONSTITUTES A FELONY IN THIS STATE.

Affiant states that he/she is Ownership of decedent's is for the following reason:	manufactured	d home and	d that it be tran	sferred to Affiant
Description of property:				
Manufacturer				
rear of Manufactured Ho	me	Senai #		_
Percentage Claimed			_	
decedent as shown in a ce attached to the affidavit. Signature of Affiant	rtified copy (of the certi	ficate of death	of the decedent
Address				
City	State		Zip Code	_
State of	e of County of			
Signed and sworn to before	the undersigned			
Notary Public, on the	_ 20			
by				
(Name of Signer)				
Signature of Notary Public	c			